

RENEWAL OF TARGETED SMALL BUSINESS CERTIFICATION

Renewal of Targeted Small Business (TSB) certification takes place once every two years. The recertification process allows the Department of Inspections and Appeals to ensure TSBs are still in compliance with program eligibility standards.

REASONS TO RECERTIFY

TSB PROCUREMENT PROGRAM

The State of Iowa has a ten percent goal for doing business with certified targeted small businesses. Included under the TSB procurement program are state departments, agencies, commissions, and public education institutions.

FINANCIAL ASSISTANCE

Financial assistance for certified TSBs is administered by Business Financial Assistance at the Iowa Department of Economic Development (IDED). The financial aid program for small businesses helps create and expand TSBs. This program has two components: 1) Maximum of \$50,000 in direct loans; 2) Equity grants used to leverage additional financing i.e., bank or Small Business Administration (SBA) financing not to exceed \$50,000.

FAILURE TO RECERTIFY

TSB PROGRAM LOAN

If you have a loan through the TSB program, you must remain certified until your loan is paid in full. Failure to reinstate your renewal may cause the loan to become payable at once.

CERTIFICATION PROCESS

If you choose not to recertify your business and decide at a later date that you would like to participate in the TSB program again, you must start the certification process over from the beginning. Recertifying your business on time will save time and money. Please return this application to the Iowa Department of Inspections and Appeals within the next 30 days for renewal of your certification.

ADDITIONAL INFORMATION

INSTRUCTIONS FOR SUBMITTING APPLICATION

Complete the application and submit a copy of the last two years of your business income taxes. Be sure to include a check for \$15, which is a non-refundable application processing fee. Return the completed form to the address listed below. The application is self-explanatory. Be sure to list any changes that have occurred in your business since initial certification. Please provide this office with appropriate documentation for these changes.

Return Application to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

***If you need assistance in completing this application or have questions about this process,
please telephone (515) 281-7357.***

Iowa Department of Inspections and Appeals; Targeted Small Business Certification Program, Telephone: (515) 281-7357 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RENEWAL</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">TARGETED SMALL BUSINESS CERTIFICATION</div>	<div style="text-align: center; font-weight: bold; font-size: 0.8em;">DEPARTMENT USE ONLY</div> <hr/> CHECK #: _____ DATE: _____ AMOUNT: _____ INT: _____
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Business Name:	Owner Name(s):	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability	
Business Address:	City:	County #:	Zip Code: _____ Business Telephone: () - _____
Mailing Address (if different from above):	City:	Zip Code:	Federal ID Number:
Person to Contact:	FAX Number:	TDD Number (hearing impaired only):	Social Security Number:
Contact Person's Telephone Number: () - _____	Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company		E-Mail Address:

General Information

On the lines below explain the nature of your business. Include the major field of operation, products sold, or services rendered. Consultants explain area of expertise. Name specifically and exactly what you sell. (This is how you will be listed on the TSB Directory.)		
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Dealer with Inventory <input type="checkbox"/> Dealer without Inventory <input type="checkbox"/> Construction <input type="checkbox"/> Distributor	<input type="checkbox"/> Service <input type="checkbox"/> Research <input type="checkbox"/> Consultant <input type="checkbox"/> Retail	

Ownership Information

Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability

DOCUMENT LIST

YOU MUST submit the documents below in order to be considered for TSB recertification. **DO NOT** send us originals. Your application will not be considered until all required documents are received, **or** until we have a satisfactory explanation of any omission.

☐ **Sole Proprietorship**
 Business tax forms for the last two years (federal)

☐ **Corporation**
 Corporate tax forms for the last two years (federal)

☐ **Partnership**
 Business tax forms for the last two years (federal)

☐ **Limited Liability Company**
 Business tax forms for the last two years (federal)